

Form **990**  
Department of the Treasury,  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)  
The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2007**  
Open to Public Inspection

**A** For the 2007 calendar year, or tax year beginning , and ending

**B** Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Termination

☐ Amended return

☐ Application pending

Please  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.

**C** Name of organization  
**American Association of State  
Troopers, Inc.**

Number and street (or P O box if mail is not delivered to street address)

**1949 Raymond Diehl Road**

Room/suite

City or town, state or country, and ZIP + 4

**Tallahassee**

**FL 32308**

**D** Employer identification number  
**59-2952895**

**E** Telephone number  
**850-386-8772**

**F** Accounting method: ☐ Cash  
☒ Accrual ☐ Other (specify)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Website: **www.statetroopers.org**

**J** Organization type

(check only one) ☒ 501(c) ( 5 ) (insert no) ☐ 4947(a)(1) or ☐ 527

**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

**H** and **I** are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No

**H(b)** If "Yes," enter number of affiliates ☐ Yes ☐ No

**H(c)** Are all affiliates included? ☐ Yes ☐ No  
(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

**I** Group Exemption Number

**M** Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **6,719,216**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

**1** Contributions, gifts, grants, and similar amounts received

**a** Contributions to donor advised funds

**b** Direct public support (not included on line 1a)

**c** Indirect public support (not included on line 1a)

**d** Government contributions (grants) (not included on line 1a)

**e** Total (add lines 1a through 1d) (cash \$ **6,531,577** noncash \$ )

**2** Program service revenue including government fees and contracts (from Part VII, line 93)

**3** Membership dues and assessments

**4** Interest on savings and temporary cash investments

**5** Dividends and interest from securities

**6a** Gross rents

**b** Less rental expenses

**c** Net rental income or (loss). Subtract line 6b from line 6a

**7** Other investment income (describe **See Statement 2**)

**8a** Gross amount from sales of assets other than inventory

**b** Less cost or other basis and sales expenses

**c** Gain or (loss) (attach schedule)

**d** Net gain or (loss). Combine line 8c, columns (A) and (B)

**9** Special events and activities (attach schedule). If any amount is from gaming, check here ☐

**a** Gross revenue (not including \$ of contributions reported on line 1b)

**b** Less direct expenses other than fundraising expenses

**c** Net income or (loss) from special events. Subtract line 9b from line 9a

**10a** Gross sales of inventory, less returns and allowances

**b** Less cost of goods sold

**c** Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a

**11** Other revenue (from Part VII, line 103)

**12** Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11

**13** Program services (from line 44, column (B))

**14** Management and general (from line 44, column (C))

**15** Fundraising (from line 44, column (D))

**16** Payments to affiliates (attach schedule)

**17** Total expenses. Add lines 16 and 44, column (A)

**18** Excess or (deficit) for the year. Subtract line 17 from line 12

**19** Net assets or fund balances at beginning of year (from line 73, column (A))

**20** Other changes in net assets or fund balances (attach explanation)

**21** Net assets or fund balances at end of year. Combine lines 18, 19, and 20

Revenue

Net Assets

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule) <b>Stmt 4</b>	<b>24</b> 486,051			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>See Statement 5</b>	<b>25a</b> 53,144			
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b>			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 55,657			
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b> 932			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>			
<b>29</b> Payroll taxes	<b>29</b> 8,735			
<b>30</b> Professional fundraising fees	<b>30</b> 5,226,906			
<b>31</b> Accounting fees	<b>31</b>			
<b>32</b> Legal fees	<b>32</b> 119,592			
<b>33</b> Supplies	<b>33</b> 10,038			
<b>34</b> Telephone	<b>34</b> 9,518			
<b>35</b> Postage and shipping	<b>35</b> 7,914			
<b>36</b> Occupancy	<b>36</b> 16,239			
<b>37</b> Equipment rental and maintenance	<b>37</b> 22,137			
<b>38</b> Printing and publications	<b>38</b> 1,606			
<b>39</b> Travel	<b>39</b> 1,037			
<b>40</b> Conferences, conventions, and meetings	<b>40</b> 55,614			
<b>41</b> Interest	<b>41</b> 5,685			
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b> 21,153			
<b>43</b> Other expenses not covered above (itemize) <b>a</b> <b>See Statement 6</b>	<b>43a</b> 225,735			
<b>b</b>	<b>43b</b>			
<b>c</b>	<b>43c</b>			
<b>d</b>	<b>43d</b>			
<b>e</b>	<b>43e</b>			
<b>f</b>	<b>43f</b>			
<b>g</b>	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 6,327,693	0	0	0

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

**► Providing Services to Members - See Below**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

**a Providing Educational Materials to Sponsors**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

**b Provided Life Insurance Benefits to All Members**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

**c Paid Member Retirement Benefits**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

**d Financial Assistance for Hardships**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

**e Other program services (attach schedule)**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

**f Total of Program Service Expenses (should equal line 44, column (B), Program services)**

**0**

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**Part IV Balance Sheets (See the instructions.)**

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
<b>45</b>	Cash—non-interest-bearing	713,777	45	694,396
<b>46</b>	Savings and temporary cash investments	631,899	46	957,041
<b>47a</b>	Accounts receivable	474		
<b>b</b>	Less allowance for doubtful accounts	869	47c	474
<b>48a</b>	Pledges receivable			
<b>b</b>	Less: allowance for doubtful accounts		48c	
<b>49</b>	Grants receivable		49	
<b>50a</b>	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
<b>b</b>	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)		50b	
<b>51a</b>	Other notes and loans receivable (attach schedule)			
<b>b</b>	Less allowance for doubtful accounts		51c	
<b>52</b>	Inventories for sale or use	3,322	52	
<b>53</b>	Prepaid expenses and deferred charges	3,722	53	40,448
<b>54a</b>	Investments—publicly-traded securities <b>See Statement 7</b>	437,545	54a	472,450
<b>b</b>	Investments—other securities (attach schedule)		54b	
<b>55a</b>	Investments—land, buildings, and equipment basis			
<b>b</b>	Less accumulated depreciation (attach schedule)		55c	
<b>56</b>	Investments—other (attach schedule)		56	
<b>57a</b>	Land, buildings, and equipment basis	516,007		
<b>b</b>	Less accumulated depreciation (attach schedule) <b>See Statement 8</b>	175,388	57c	340,619
<b>58</b>	Other assets, including program-related investments (describe <b>See Statement 9</b> )	2,221	58	1,694
<b>59</b>	<b>Total assets</b> (must equal line 74) Add lines 45 through 58	2,149,012	59	2,507,122
<b>60</b>	Accounts payable and accrued expenses	22,563	60	26,421
<b>61</b>	Grants payable		61	
<b>62</b>	Deferred revenue <b>See Statement 10</b>	112,159	62	87,052
<b>63</b>	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
<b>64a</b>	Tax-exempt bond liabilities (attach schedule)		64a	
<b>b</b>	Mortgages and other notes payable (attach schedule) <b>See Worksheet</b>	89,601	64b	75,432
<b>65</b>	Other liabilities (describe <b>See Statement 11</b> )	339,338	65	306,438
<b>66</b>	<b>Total liabilities.</b> Add lines 60 through 65	563,661	66	495,343
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
<b>67</b>	Unrestricted	1,585,351	67	2,011,779
<b>68</b>	Temporarily restricted		68	
<b>69</b>	Permanently restricted		69	
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>				
<b>70</b>	Capital stock, trust principal, or current funds		70	
<b>71</b>	Paid-in or capital surplus, or land, building, and equipment fund		71	
<b>72</b>	Retained earnings, endowment, accumulated income, or other funds		72	
<b>73</b>	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	1,585,351	73	2,011,779
<b>74</b>	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	2,149,012	74	2,507,122

### Part IV-A

**Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)**

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	6,754,121
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12			
1	Net unrealized gains on investments	<b>b1</b>	34,905	
2	Donated services and use of facilities	<b>b2</b>		
3	Recoveries of prior year grants	<b>b3</b>		
4	Other (specify)	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	34,905
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	6,719,216
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify)	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	6,719,216

## Part IV-B

### Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	6,327,693
<b>b</b>	Amounts included on line <b>a</b> but not Part I, line 17			
1	Donated services and use of facilities	<b>b1</b>		
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
3	Losses reported on Part I, line 20	<b>b3</b>		
4	Other (specify)	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	6,327,693
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify)	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	6,327,693

## Part V-A

**Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated ) (See the instructions )

[illegible]

**Part V-A**      **Current Officers, Directors, Trustees, and Key Employees (continued)**

Yes	No
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- 75a** Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 32
- b** Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
- c** Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization"
- If "Yes," attach a statement that includes the information described in the instructions
- d** Does the organization have a written conflict of interest policy?

75b	X
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75c	X
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75d	X
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**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits**

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]**Part VI**      **Other Information (See the instructions.)**

Yes	No
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- 76** Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change
- 77** Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes
- 78a** Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
- b** If "Yes," has it filed a tax return on **Form 990-T** for this year?
- 79** Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
- 80a** Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
- b** If "Yes," enter the name of the organization **▶** **AAST Scholarship Found**  
and check whether it is ☒ exempt
- 81a** Enter direct and indirect political expenditures (See line 81 instructions) **1**
- b** Did the organization file **Form 1120-POL** for this year?

76		X
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77		X
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78a	X
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78b		
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79		X
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80a	X
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81b	X
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**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<b>X</b>
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
		<b>82b</b>	
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>X</b>	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<b>X</b>	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>X</b>	
<b>85a</b>	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	<b>X</b>	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		<b>X</b>
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>	
<b>86</b>	501(c)(7) orgs. Enter <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	
<b>87</b>	501(c)(12) orgs. Enter <b>a</b> Gross income from members or shareholders	<b>87a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88a</b>	<b>X</b>
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	<b>88b</b>	<b>X</b>
<b>89a</b>	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 <b>▶</b> , section 4912 <b>▶</b> , section 4955 <b>▶</b>		
<b>b</b>	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<b>89b</b>	
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>▶</b> _____		
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization <b>▶</b> _____		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>	<b>X</b>
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>	<b>X</b>
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89g</b>	<b>X</b>
<b>90a</b>	List the states with which a copy of this return is filed <b>▶</b> <b>See Statement 13</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	<b>90b</b>	<b>3</b>
<b>91a</b>	The books are in care of <b>▶ Ken Howes</b> <b>1949 Raymond Diehl Road</b> Located at <b>▶ Tallahassee, FL</b>	Telephone no <b>▶ 850-386-8772</b> ZIP + 4 <b>▶ 32308</b>	
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <b>▶</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<b>91b</b>	<b>X</b>

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

Yes No

X

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

▶ 92

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					113,365
95 Interest on savings and temporary cash investments			14	64,238	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					6,095
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			15	3,941	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		68,179	119,460
105 Total (add line 104, columns (B), (D), and (E))					187,639

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
94	Provide a means for state troopers to associate with other state troopers for the enhancement of public safety in their field.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Please Sign Here</b>	Signature of officer <i>Kenneth C. Howes</i>		Date <i>9-23-08</i>
	Type or print name and title <i>Kenneth C. Howes, Executive Director</i>		
<b>Paid Preparer's Use Only</b>	Preparer's signature <i>Matthew Ryan</i>	Date <i>9/17/08</i>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <i>Sanders, Holloway &amp; Ryan</i>	EIN <i>59-1974251</i>	Preparer's SSN or PTIN (See Gen Instr X) <i>P00233600</i>
	<i>2878 Mahan Drive</i>	Phone no <i>850-222-1608</i>	<i>Tallahassee, FL 32308</i>

Forms  
**990 / 990-PF****Mortgages and Other Notes Payable****2007**

For calendar year 2007, or tax year beginning

, and ending

Name

**American Association of State  
Troopers, Inc.**

Employer Identification Number

**59-2952895****Form 990, Part IV, Line 64b - Additional Information**

Name of lender	Relationship to disqualified person
(1) <b>Amsouth Bank</b>	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <b>180,084</b>	<b>11/01/01</b>	<b>11/01/11</b>	<b>\$1,128/month including P&amp;I</b>	<b>6.750</b>
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) <b>Real Estate</b>	<b>Mortgage</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	<b>89,601</b>	<b>75,432</b>
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Totals</b>	<b>89,601</b>	<b>75,432</b>

## Federal Statements

### Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
Member Dues	\$ 113,365
Total	<u>\$ 113,365</u>

### Statement 2 - Form 990, Part I, Line 7 - Other Investment Income

<u>Description</u>	<u>Amount</u>
Royalties	\$ 3,941
Total	<u>\$ 3,941</u>

### Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
Net Unrealized Gains on Investments	\$ 34,905
Total	<u>\$ 34,905</u>

**Federal Statements****Statement 4 - Form 990, Part II, Line 24 - Benefits Paid to or for Members**

<u>Description</u>	<u>Amount</u>
Insurance	\$ 476,051
Financial Assistance for Hardships	10,000
Total	<u>\$ 486,051</u>

## Federal Statements

Statement 5 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
Expenses	\$	\$	\$
Albert Pasini Compensation	20,990		
Kenneth Howes Compensation	26,154		
Thomas Moore Compensation	6,000		
Total	<u>\$ 53,144</u>	<u>\$ 0</u>	<u>\$ 0</u>

**Federal Statements****Statement 6 - Form 990, Part II, Line 43 - Other Functional Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt &amp; General</u>	<u>Fund- Raising</u>
Expenses	\$	\$	\$	\$
Consulting Fees	113,697			
Banking & Misc.	10,409			
Filing Fees	4,105			
Retirement Gift	223			
Insurance	13,373			
Public Relations	22,265			
Taxes	10,133			
State Lodge Support	23,659			
Police Memorial	7,549			
Amortization	527			
Bank Charges	19,795			
Total	\$ 225,735	\$ 0	\$ 0	\$ 0

## Federal Statements

### Statement 7 - Form 990, Part IV, Line 54a - Publicly Traded Securities

Description	Beginning of Year	End of Year	Basis of Valuation
US and State Government	\$ 437,545	\$ 472,450	
Total	\$ 437,545	\$ 472,450	

### Statement 8 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
Office Furniture	\$ 16,959	\$ 14,312	\$ 16,959	\$ 14,983
Building	359,819	111,840	365,572	123,843
Office Equipment	13,817	4,422	13,817	5,988
Computers	22,507	9,438	22,507	13,422
Computer Software	17,152	14,585	17,152	17,152
Land	80,000		80,000	
Total	\$ 510,254	\$ 154,597	\$ 516,007	\$ 175,388

### Statement 9 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
Loan Cost-Net	\$ 2,221	\$ 1,694
Total	\$ 2,221	\$ 1,694

### Statement 10 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year	End of Year
Prepaid Dues	\$ 112,159	\$ 87,052
Total	\$ 112,159	\$ 87,052

**Federal Statements****Statement 11 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Member Retirement Payable	\$ 339,338	\$ 306,438
Total	<u>\$ 339,338</u>	<u>\$ 306,438</u>



## Federal Statements

9/16/2008 4:07 PM

### Statement 12 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Ken Howes 1949 Raymond Diehl Rd. Tallahassee FL 32308	Executive Di	40	26,154	0	0
Al Pasini 24 Carriage Drive Crawfordville FL 32327	Executive Di	40	20,990	0	0
Tommy Moore 2170 S Harbor Blvd. Anaheim CA 92802	President	10	6,000	0	0
David L. Witt 14605 Rock Creek Rd. Sheridan OR 97378	1st Vice Pre	0	0	0	0
Keith Barbier 22322 Rangeview Drive Katy TX 77450	2nd Vice Pre	0	0	0	0
Claude Johnson PO Box 388 Ellendale TN 38029	3rd Vice Pre	0	0	0	0
James Johnson 2950 Spring Chase Lane Marianna FL 32446	Treasurer	0	0	0	0
Robert F. Yoakum 1194 Highway 54 East Covington TN 38019	TN State Dir	0	0	0	0
Kenneth Musick 6308 Zadock Woods Austin TX 78749	TX State Dir	0	0	0	0

## Federal Statements

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**Statement 12 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
James E Clare 207 Biltmore Dr Colonial Heights VA 23834	VA State Dir	0	0	0	0
Brian George 21730 Port Gamble RD NE Poulsbo WA 98370	WA State Dir	0	0	0	0
R.D. Estepp 519 Range Rd. Beckley WV 25801	WV State Dir	0	0	0	0
Chuck Cave 3416 Orange Grove Ct Ellicott City MD 21043	MD State Dir	0	0	0	0
Bobb G. Reed PO Box 294 Walls MS 38680	MS State Dir	0	0	0	0
Michael Doney 22000 Doney Drive Watertown NY 13601	NY State Dir	0	0	0	0
Gerry Gregg 10910 SW Arthur Court Wilsonville OR 97070	OR State Dir	0	0	0	0
Frank Thomas 1208 S Brady Street Dubois PA 15801	PA State Dir	0	0	0	0
Bryan McDougald 3470 Victorian Hill Drive Richburg SC 29729	SC State Dir	0	0	0	0

## Federal Statements

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### Statement 12 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Clarence M. Blue III PO Box 925 Union Springs AL 36087	AL State Dir	0	0	0	0
John Bagnardi 2633 Stonegate Drive Tallahassee FL 32308	FL State Dir	0	0	0	0
Lee Burch 180 Williams Road Rockmart GA 30153	GA State Dir	0	0	0	0
Rick Wright 7510 Nottingham Ln Nampa ID 83687	ID State Dir	0	0	0	0
Mark Probst 9701 Tanglewood Dr Urbandale IA 50322	IA State Dir	0	0	0	0
Steven Jensen 14425 S Blackfeather Olathe KS 66062	KS State Dir	0	0	0	0
R. Adams White 10000 Davis Rd Denham Springs LA 70706	LA State Dir	0	0	0	0
Gordon Koolman 621 Moss Ave Paso Robles CA 93446	CA State Dir	0	0	0	0
Carolyn Logan 7216 Tall Tree Lane Charlotte NC 28214	NC State Dir	0	0	0	0

## Federal Statements

9/16/2008 4:07 PM

**Statement 12 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Peter Warren 1575 Kettletown Rd Southbury CT 06488	CT State Dir	0	0	0	0
Tim Baughman 2455 Brian Lane Bosque Farms NM 87068	NM State Dir	0	0	0	0
Noel Houze Jr. P.O. Box 401 Milan. IN 47031	IN State Dir	0	0	0	0
Carla Nichols 2535 Vermont Court Green River WY 82935	WY State Dir	0	0	0	0
Christian Ricks 328 Old Gibler Rd Jefferson City MO 65109	MO State Dir	0	0	0	0

## Federal Statements

**Statement 13 - Form 990, Part VI, Line 90a - States with which a Copy of this Return is Filed.**

**Postal  
Code**

AL  
FL  
GA  
OR  
WV  
TN  
TX  
VA  
WA  
MD  
MS  
NV  
NY  
ND  
OK  
PA  
SC  
AZ  
LA  
MI  
CA  
ID  
IA

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** You must file original and one copy.

Type or print  File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>American Association of State Troopers, Inc.</b>	Employer identification number <b>59-2952895</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>1949 Raymond Diehl Road</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Tallahassee FL 32308</b>	

**Check type of return to be filed** (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of **Ken Howes**

Telephone No **850-386-8772**

FAX No **850-385-8697**

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **11/17/08**

5 For calendar year **2007**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

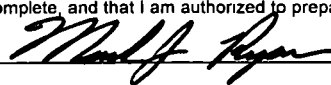
7 State in detail why you need the extension

**Need additional time to properly complete return**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title **CPA** Date **8/12/08**

Form **8868** (Rev. 4-2008)